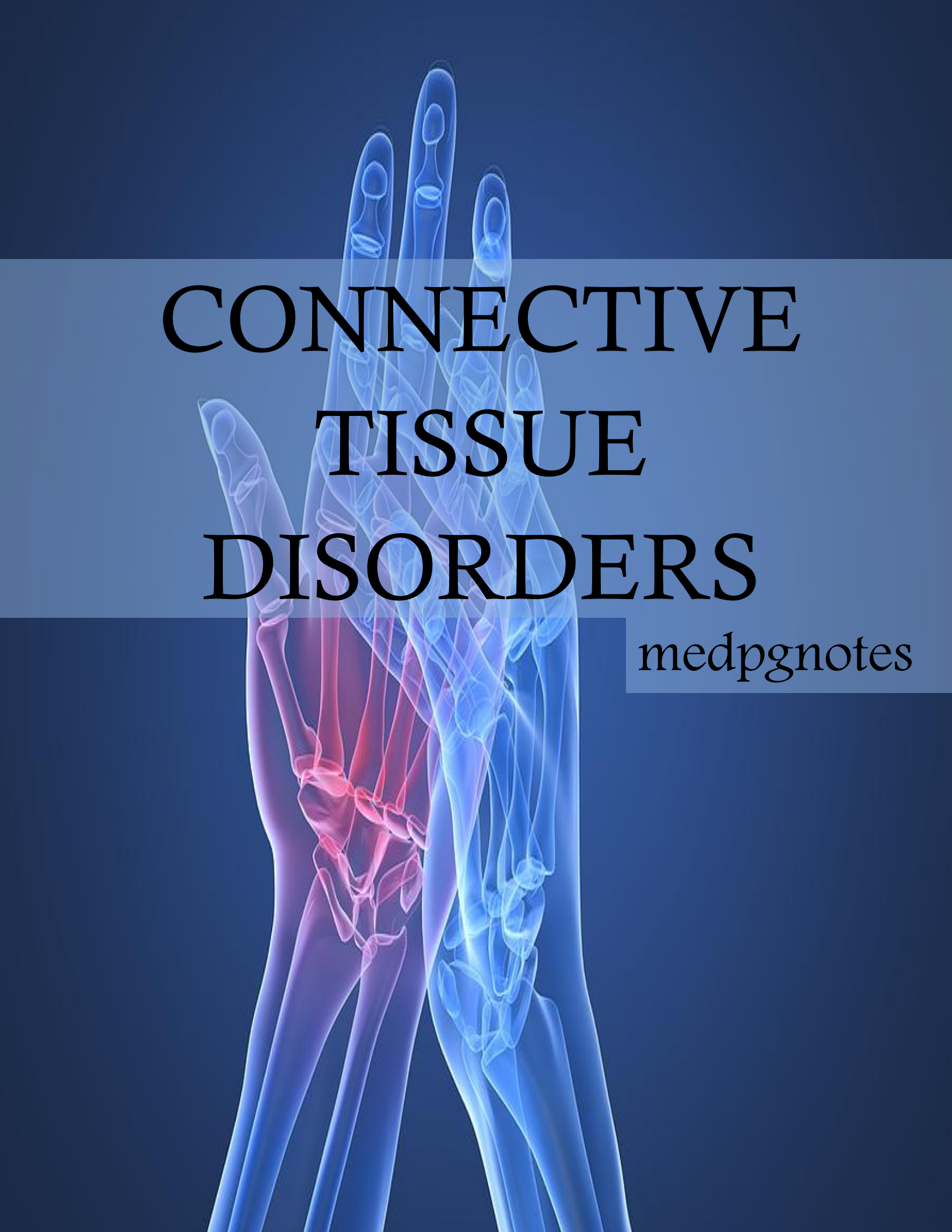

CONNECTIVE TISSUE DISORDERS

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KEY TO THIS DOCUMENT

Text in normal font – Must read point. Asked in any previous medical entrance examinations

Text in bold font – Point from Harrison's text book of internal medicine 18th edition

Text in italic font – Can be read if you are thorough with above two.

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SYSTEMIC LUPUS ERYTHEMATOSUS

GENERAL FEATURES OF SLE

Revised ACR criteria for SLE	ANA, Anti ds DNA, Leucocytopenia < 4000 microlitre, Lymphopenia < 4000 microlitre, Proteinuria > 0.5 g.dl
Criteria for SLE	*4 out of 11 should be positive*
Characteristic feature of SLE	Polyserositis
Features of SLE	Raynaud phenomenon, Autoimmune hemolytic anemia
Deposition of anti ds DNA antibody in kidney, skin and choroid plexus, joints	SLE
19 year old girl presents with arthritis and a photosensitive rash on cheek	SLE
22 year female, myalgia, pleural effusion, pericarditis, arthralgia without joint deformity. best screening test	Antinuclear antibody
Normal CRP, Elevated ESR is seen in	SLE
NOT a feature of SLE	Bilateral parotid enlargement
NOT a clinical manifestation of SLE	Thrombocytosis, chloroquine aggravates skin lesion
NOT a feature of SLE	Sterility
NOT true about SLE	Sex ratio is nearly equal
NOT found in SLE	Leucocytosis
NOT characterized by bony lesion	SLE
Pregnancy do NOT predispose	SLE

HEMATOLOGICAL MANIFESTATIONS OF SLE

Coomb's Positive hemolytic anemia	SLE
Serum complement reduced in	Active SLE
Hemotoxylin bodies	SLE
LE cell phenomenon is seen in	Neutrophils
ANCA antibody with peripheral rim distribution	Anti dsDNA antibody
Thrombocytopenia due to increased platelet destruction is seen with	SLE
Autoimmune destruction of platelets	SLE
Warm autoantibodies are seen in	SLE

CARDIOVASCULAR MANIFESTATIONS OF SLE

Vegetations on under surface of cusp	Libman Sack's endocarditis
Non bacterial verrucous endocarditis is associated with	SLE

RESPIRATORY SYSTEM INVOLVEMENT IN SLE

Pleural effusion in SLE	Bilateral exudative pleural effusion

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Shrinking lung	SLE

RENAL INVOLVEMENT IN SLE

Death in SLE due to	Renal failure
MC cause of death due to renal involvement occurs in	SLE
Factors associated with adverse prognosis and high risk of renal progression to lupus nephritis	High anti ds DNA, Persistent proteinuria - nephrotic range > 3 gm.day, Hypocomplementenemia
According to WHO, feature of class II lupus	Hematuria
Renal pathology in SLE may be	Focal glomerulonephritis, diffuse glomerulonephitis, diffuse membranous glomerulonephritis
Lupus nephritis	**Type I – minimal mesangial, type II – mesangial proliferation, type III – focal nephritis, type IV – diffuse nephritis, type V – membranous nephritis, type VI – sclerotic nephritis**
Lupus Nephritis IV- diffuse proliferative glomerulonephritis	Wire Loop Lesions
Wire loop lesions	SLE
NOT a renal pathology in SLE	Lipoid nephrois
Treatment of choice for severe life threatening form of lupus nephritis	*Methyl prednisolone*

DERMATOLOGICAL MANIFESTATIONS OF SLE

Malar Rash	SLE
Commonest cutaneous eruption in SLE	Erythema of light exposed area
SLE is associated with	*Fibrinoid change*
SLE is associated with	*Lupus profundus, lupus panniculitis*
Subcutaneous lupus erythematosus	*Non scarring, non atrophic rash, anti Rho positive*
Raccoon eyes	*Neonatal lupus erythematosus*
Neonatal lupus	*Annular skin lesion, heart block, caused by transferred by transfer of rho antibodies from mother to child, mother should be warned that neonatal lupus may follow next pregnancies*
Skin biopsy finding in SLE	**IgG at dermoepidermal junction**

GASTROINTESTINAL FEATURES OF SLE

Onion peel appearance of splenic capsule	SLE

DRUG INDUCED LUPUS

SLE like syndrome is associated with	Procainamide

Lupus like picture	Procainamide, Hydralazine, Isoniazid
NOT causing SLE like syndrome	Peninillin
NOT associated with drug induced lupus	Clofibrate
Renal involvement in drug induced lupus	Rare

JOINT INVOLVEMENT IN SLE

Joint deformity in SLE	Rare and limited to hand and feet
Erosion of bone does NOT occur in	SLE
Erosive arthritis is NOT seen in	SLE

DIAGNOSIS OF SLE

Most Sensitive test for SLE	Antinuclear Antibody
Antibody Virtually Positive in SLE	Antinuclear Antibody
Tissue from rat used for detection of antinuclear antibodies	Liver
Most Specific antibody for SLE	Anti dsDNA, Anti smith
Drug induced SLE	Antihistone antibodies

MANAGEMENT OF SLE

Drug used in SLE	**Belimumab**
St Joseph aspirin (low dose aspirin) is used in	*SLE*
Management of nephritis in SLE	**Methylprednisolone, Cyclophosphamide, Azathioprine, GnRH**
Indications of steroids in SLE	Myocarditis, Thrombocytopenia, Neuropsychiatric symptoms
Anti TNF alpha NOT used in treatment of	SLE
Drug NOT given to mother for lupus after 35 weeks of gestation	Methotrexate
NOT given to women with SLE	Methotrexate
NOT useful in treatment of SLE	Sulfasalazine

RHEUMATOID ARTHRITIS

GENERAL FEATURES OF RHEUMATOID ARTHRITIS

Rheumatoid arthritis is	*Atrophic arthritis*
Causative agent for rheumatoid arthritis	Mycoplasma
Cause of rheumatoid arthritis	Immunological
Focus of attack in Rheumatoid arthritis	Articular cartilage

CONNECTIVE TISSUE DISORDERS

Pathology in rheumatoid arthritis starts in	Synovium
Involved in RA	Synovial membrane
Hallmark of rheumatoid arthritis	**Flexor tendon synovitis**
Features of rheumatoid arthritis	*Periarticular erosions*
Bywater lesion	*Rheumatoid arthritis*
Earliest sign in Rheumatoid arthritis	Periarticular osteoporosis
Pannus is a feature of	Rheumatoid arthritis
Inflammatory arthritis	Rheumatoid arthritis
Features of Inflammatory polyarthritis	Erythema, Increased ESR, Morning stiffness more than one hour
Piano key movement is associated with	*Rheumatoid arthritis*
Features of Rheumatoid arthritis	Typically involves small and large joints and spares cervical spine
Features of Rheumatoid arthritis	Bilateral hip arthritis, Pleural effusion, Hypocomplementemia, Small and large joints are affected, Involved peripheral joints more than axial joints, Associated with vasculitis
Part of spine commonly affected in Rheumatoid arthritis	Cervical
Deformities in Rheumatoid Arthritis	Swann Neck Deformity, Boutannaire Deformity, Hitch Hiker Thumb
Pain in small joints in an elderly lady is most likely due to	Rheumatoid arthritis
A woman presented with right shoulder pain and RF negative. But pain responded to prednisolone therapy.	Seronegative Rheumatoid arthritis
Still's disease	Rheumatoid arthritis in childhood
Median Life expectancy in Rheumatoid arthritis shortened by	3 – 7 years
Pathognomic of Rheumatoid arthritis	Rheumatoid nodule
Rheumatoid arthritis	Causes pleural effusion with low sugar
Rheumatoid arthritis	Pleural effusion with low sugar
Superior rib notching is associated with	*Rheumatoid arthritis*
Rheumatoid arthritis	Women affected 3 times more than men, Rheumatoid nodules seen in 20% of patients
Hyperuricemia is NOT seen in	Rheumatoid arthritis
Sicca syndrome is associated with	Rheumatoid arthritis
Tarsal tunnel syndrome is caused by	Rheumatoid arthritis
Swan neck deformity	Rheumatoid arthritis, Extension at PIP and flexion at DIP
Boutoniere deformity	Hyperextension of PIP and hyperflexion of DIP
Claw hand	Flexion at DIP and PIP, Extension at metacarpophalangeal joint
MC Joint involved in Rheumatoid Arthritis	Metacarpophalyngeal Joint
MC arthritis affecting wrist	Rheumatoid arthritis
Felty syndrome	Rheumatoid arthritis, Splenomegaly, Neutropenia
MC cause of death in Rheumatoid arthritis	**Cardiovascular involvement**
ACR EULAR criteria for	*Rheumatoid arthritis*
EULAR criteria for rheumatoid arthritis	*Negative RF and negative ACPA (anti citrullinated protein antibody) – 0 point, low positive RF and low positive ACPA – 2 points, high positive RF and high positive*

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	ACPA – 3 points
NOT a feature of inflammatory polyarthritis	New bone formation
NOT a feature of rheumatoid arthritis	Osteosclerosis of joint
NOT a criteria for diagnosis of RA	Lumbar Spine Involvement
NOT a seronegative arthritis	Rheumatoid arthritis
NOT a X ray feature of Rheumatoid arthritis	Periosteal new bone formation
NOT associated with enthesopathy	Rheumatoid arthritis
Neuropathic joint does NOT occur in	Rheumatoid arthritis
NOT a deformity of Rheumatoid arthritis	Windswept deformity
Joint NOT involved in rheumatoid arthritis	Tarsometatarsal joint
Joint spared in Rheumatoid arthritis	Distal interphalyngeal joint
Distal interphalangeal joint is NOT involved in	Rheumatoid arthritis
Organ least commonly involved in rheumatoid arthritis	*Kidney*

JUVENILE RHEUMATOID ARTHRITIS

Features of juvenile rheumatoid arthritis	*Common in 1-3 years, common in females, CVJ is involved, salmon rash*
Epiphyseal enlargement	Juvenile rheumatoid arthritis
Polyarticular juvenile rheumatoid arthritis	More common in girls, Five or more joints are affected within first 6 months of onset, Rheumatoid factor may be negative
Uveitis is commonly associated with	Pauci articular JRA
MC type of JRA associated with iridocyclitis	*JRA I*
Intraocular lens after cataract surgery is contraindicated in	Juvenile rheumatoid arthritis
NOT a feature of pauciarticular JRA	Scleritis
NOT true about JRA	Raynaud phenomenon
NOT true about systemic juvenile rheumatoid arthritis	Uveitis
NOT a feature of systemic juvenile rheumatoid arthritis	*Rheumatoid factor positive*

EXTRA ARTICULAR MANIFESTATIONS OF RHEUMATOID ARTHRITIS

MC type of Anemia in Rheumatoid arthritis	Normochromic Normocytic Anaemia
Eye changes ABSENT in	Juvenile Rheumatoid Arthritis
Scleromalacia perforans	Rheumatoid arthritis
MC connective tissue disorder associated with Scleritis	Rheumatoid arthritis
Anterior Uveitis more common in type of RA	Pauciarticular Seronegative
Extraarticular clinical feature of rheumatoid arthritis	Fever, Splenomegaly, Subcutaneous nodules, Pleural effusion
NOT a non articular manifestation of rheumatoid arthritis	Fibrositis of neck and back

DIAGNOSIS OF RHEUMATOID ARTHRITIS

Positive Rheumatoid factor	Bad Prognosis
Rheumatoid factor in important in Rheumatoid arthritis because	RA factor is associated with bad prognosis
RA factor is mainly used for	Predicting multisystem disease > predicting severity of disease
Feature differentiating rheumatoid arthritis from SLE	Articular erosion on X ray
Rheumatoid arthritis	IgM antibody
HLA characteristically associated with rheumatoid arthritis	HLA DR 4
Chromosome associated with HLA DR4	*Chromosome 6*
Recognized X ray feature of rheumatic arthritis	Erosions
Rheumatoid factor is	an antibody directed against Fc fragment of IgG
Rheumatoid factor is a	19S globulin
Most diagnostic X ray feature for Rheumatoid arthritis	Erosions
Most specific antibody for rheumatoid arthritis	Anti CCP antibody
Rheumatoid arthritis is best diagnosed by	X ray both hands
Recognized X ray feature of Rheumatoid arthritis	Bone erosions
Rose Waaler test	Passive hemagglutination
NOT true about RA	CRP indicates better prognosis
NOT associated with HLA B27	Rheumatoid arthritis
NOT true about systemic juvenile rheumatoid arthritis	Positive rheumatoid factor
False positive rheumatoid arthritis associated with	HbsAg, VDRL, Coomb's test

MANAGEMENT OF RHEUMATOID ARTHRITIS

First line DMARD used in Rheumatoid arthritis	Methotrexate
DMARD	Penicillamine
Teratogenecity of penicillamine	*Cutis laxa syndrome*
DMARD is	Azathioprine
NOT a DMARD	Sulphasalazine
NOT a DMARD	BAL
NOT a disease modifying drug in Rheumatoid arthritis	Indomethacin
Gold salts used in	Rheumatoid arthritis
Indication of systemic steroids in rheumatoid arthritis	Mononeuritis multiplex
Analgesic of choice in hemophilia with rheumatoid arthritis	Acetaminophen
Mechanism of action of Etenercept in Rheumatoid arthritis	TNF –alpha inhibition
Leflunomide used in	Rheumatoid Arthritis
Leflunomide inhibits	**Dihydroorotate dehydrogenase**
Loading dose of leflunomide in rheumatoid arthritis	100 mg
Treatment of methotrexate toxicity	Folinic acid
Leucovorin is given with	Methotrexate
Toclizumab	**IL-6 receptor**
Anakinra	**IL-1 receptor**
Adalimumab	*Fully humanized monoclonal antibody*

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	approved for rheumatoid arthritis
NOT a treatment of rheumatoid arthritis	Exercise
NOT a treatment for rheumatoid arthritis	*Giving rest to muscle*

SCLERODERMA AND SYSTEMIC SCLEROSIS

SCLERODERMA

Scleroderma like condition	**Vinylchloride, Pentazocine**
14 year girl, pallor, pain, cyanosis on exposure to cold. she is prone to develop	Scleroderma
Scleroderma commonly involves	Oesophagus
Connective tissue disorder associated with GERD	Scleroderma
Fibrosis around Brunner's gland	Scleroderma
Scleroderma	Esophageal dysmotility, Erosion of tip of phalynx, Lung nodules
Female, dysphagia, tightness of finger	Scleroderma
Renal disorder associated with worst pregnancy outcome	Scleroderma
MC affected organ in Scleroderma	Skin
MC Focus in Scleroderma	Lymphnode
Scleroderma is associated with	*Interlobular arterial thickening*
Scleroderma is associated with	*Diabetes*
En coupe sabre is seen in	*Scleroderma*
Gastrointestinal features of scleroderma	*Esophageal stricture, bacterial overgrowth, bowel obstruction*
A patient with scleroderma and hypertension is more prone to develop	*Sudden renal failure*
Morphea usually occur in	Forehead
Morphea	Fore head
NOT a feature of scleroderma	Calcification of long bones
NOT a feature of scleroderma	Diffuse periosteal reaction
Scleroderma does NOT involve	Neck
CREST syndrome (limited scleroderma)	Calcinosis, Raynaud Syndrome, Esophageal Dysmotility, Sclerodactyly, Telangiectasia
CREST syndrome does NOT involve	Cardiac anomalies
Anti Centromere	Limited Sclerosis(CREST)

SYSTEMIC SCLEROSIS

MC cause of Secondary Raynaud Phenomenon	Systemic Sclerosis
Systemic sclerosis common in	Elderly
Hallmark of systemic sclerosis	**Capillary loss, obliterative vasculopathy**
Phases of systemic sclerosis	**Edematous phase, fibrotic phase**
Features of systemic sclerosis	**Salt and pepper appearance, Mauskopf face, reduced oral orifice (microstomia), beak like nose, changes in nailfold**

	capillaroscopy, interstitial lung disease, pulmonary artery hypertension, Velcro crackles
Velcro crackles are associated with	**Systemic sclerosis**
Perioral tethering is associated with	*Systemic sclerosis*
Mat telangiectasia is seen in	Systemic sclerosis
Systemic sclerosis	Raynaud phenomenon seen years before skin changes, Trunk involvement, Frequent systemic symptoms
NOT true about systemic sclerosis	Calcification in long bones
Anti topoisomerase I is a marker of	Systemic sclerosis
Anti Scleroma 70	Diffuse Progressive Scleroderma
Van Bijsterveld score for	**Dry eye**
Management of dry eye	**0.5% methylcellulose**
Antifibrotic used in systemic sclerosis	**d- penicillamine**

SJOGREN'S SYNDROME

Infective agent associated with Sjogren syndrome	*Cox sackie*
Sjogren's disease	*Mickulicz disease*
Keratoconjunctivitis with Rheumatoid arthritis	Sjogren's syndrome
Pseudolymphoma	Sjogren's syndrome
Sjogren's syndrome associated with	Scleroderma, SLE, Rheumatoid arthritis
Sicca syndrome	Chronic active hepatitis, Rheumatoid arthritis, Scleroderma
Infectious disease resembling Sjogren syndrome	**Hepatitis C**
NOT found in Primary Sjogren syndrome	Connective tissue disorder
Sicca syndrome/Sjogren syndrome NOT associated with	Midline granuoma
Type of metastasis in Sjogren's Syndrome	Purely Osteolytic
Biopsy of Parotid gland in Sjogren's Syndrome	Lymphocytes
Anti La	Sjogren's Syndrome Specific
Anti Rho	Sjogren's Syndrome
Anti U1RNP is associated with	Mixed connective tissue disorder
Anti alpha fodrin antibody	**Sjogren's syndrome**
Schirmer I test is for	*Sjogren syndrome*

MARFAN'S SYNDROME

Inheritance of Marfan syndrome	Autosomal dominant
Chromosome 15 is associated with	Marfan's syndrome
In Marfan syndrome, defect in	Fibrillin
Disorder showing pathological change in collagen and connective tissue	Marfan syndrome
Young tall thin male with arachnodactyly, ectopia lentis	Marfan syndrome
Superotemporal dislocation of lens	Marfan's syndrome
Prominent ocular manifestation associated with Marfan's syndrome	Ectopia lentis
Atlantoaxial dislocation is associated with	Marfan syndrome

Cause of death in Marfan's Syndrome	Aortic dissection
Aneurysm in Marfan syndrome	Ascending aorta
NOT a feature of Marfan syndrome	Joint hypermobility
Retinitis pigmentosa is NOT associated with	Marfan syndrome
Ghent criteria for	**Marfan syndrome**
Patients with Marfan syndrome should undergo	*Slit lamp examination*

EHLER DANLOS SYNDROME

Hyperextensibility with normal elastic recoil	Ehler danlos syndrome
Ehler danlos syndrome is associated with defect in	**Type V collagen**
Cigarette paper scar is associated with	**Classical Ehler Danlos syndrome**
Classical EDS	**EDS I – mild, EDS II – severe**
Type I EDS is associated with	*Diaphragmatic hernia*
MC type of Ehler Danlos Syndrome	EDS III
Hypermobile EDS	**EDS III**
Most Dangerous Ehler Danlos Syndrome	EDS IV
Vascular EDS	**EDS IV**
Type IV EDS is associated with	*Rupture of colon*
Cause of aortic dilatation and rupture in EDS IV	*Cystic medial necrosis*
X linked EDS	**EDS V**
Kyphoscoliosis	**EDS VI**
Type VI EDS is associated with	*Ocular fragility*
Arthrochalasia	**EDS VII A and B**
Dermatosparaxis	**EDS VII C**
Type VII EDS is associated with	*Defective procollagen conversion*
Peridontic	**EDS VIII**
Type IX EDS is associated with	*Trace element deficiency*
Women with Ehler Danlos syndrome are associated with	*PROM, Great vessel rupture, PPH*

OSTEOARTHRITIS

FEATURES OF OSTEOARTHRITIS

Changes in articular cartilage associated with ageing	Total proteoglycan content is decreased, Synthesis of proteoglycan is decreased, Total water content of cartilage is decreased
NOT a change in articular cartilage associated with ageing	*Keratin level decrease*
Predisposing factors of osteoarthritis	Defective joint position, Weight bearing joints, Incongruity of articular surfaces, Old age
NOT a predisposing factor of osteoarthritis	Diabetes mellitus

MC degenerative joint disease	*Osteoarthritis*
Osteoarthritis	*Hypertrophic arthritis*
MC site of primary osteoarthritis	Knee joint
MC site of osteoarthritis	Knee joint
MC Joint involved in Osteoarthritis	Distal Interphalangeal Joint 1st, Carpomatacarpal joint of Wrist
PIP, DIP and 1st CMC involvement and sparing of wrist is a feature of	Osteoarthritis
Involvement of PIP, DIP, carpometacarpal joint of base of thumb, sparing of wrist	Osteoarthritis
Least common site to be involved in osteoarthritis among the following	Metacarpophalyngeal
Osteoarthritis does NOT involve	MCP
MC weakened muscle in Osteoarthritis	Quadriceps
Muscle undergoing wasting first in osteoarthritis knee	Quadriceps
MC Form of Idiopathic Osteoarthritis	Heberden's Nodes
Heberden's node	DIP joints in osteoarthritis
Bouchard's node	Proximal interphalangeal joints
Heberden's arthropathy affects	Distal interphalyngeal joints
Osteoarthritis	Loose bodies, Osteophytes, Subchondral cyst, Subchondral bone Sclerosis
Osteoarthritis	Heberden's nodules are common, Single joint involvement, Lower limb deformity is seen, Ankylosis is seen
Osteoarthritis is associated with	Bouchard's Node(PIP), Heberden's Node(DIP)
Accumulation of Proteoglycans and water in inner articular space	Osteoarthritis
Position of hip in patient in osteoarthritis	Flexion, Adduction, Internal rotation
Gel phenomenon or intermittent stiffness is associated with	**Osteoarthritis**
NOT a feature of osteoarthritis	Calcium deposition in joint space
NOT an inflammatory arthritis	Osteoarthritis
Increased CRP NOT associated with	Osteoarthritis

DIAGNOSIS OF OSTEOARTHRITIS

Earliest X ray feature of Osteoarthritis	Narrowing of joint space
Earliest radiological sign of osteoarthritis	Narrowing of joint space
Characteristic feature of osteoarthritis on X ray	Spurring, Subchondral sclerosis, Dimunition of cartilage space, Decreased joint space, Osteophyte formation
NOT a radiological feature of Primary Osteoarthritis	Erosions

MANAGEMENT OF OSTEOARTHRITIS

Capsaicin cream is used in treatment of	*Osteoarthritis*
68 yr old male having swollen knee and pain, comes to clinic AHLBACK stage 2. Most appropriate treatment	Arthroscopic washing
Grade 2 osteoarthritic changes	Conservative
Swelling in right knee. grade III changes of osteoarthritis	Total knee replacement

Treatment of osteoarthritis	Graded muscle exercises, Replacement of articular surface, Correction of deformities, Decrease the weight bearing by affected joint, Rest to joint in acute phase
Severe disability in primary osteoarthritis of hip is best managed by	Arthroplasty

GOUT AND PSEUDOGOUT

FEATURES OF GOUT

Milwake shoulder	**Calcium apatite deposition disease**
Gout common in	Men
Hyperuricemia is precipitated by	Hydrochlorthiazide
Hypouricemia is due to deficiency of	Xanthine Oxidase
Uric acid formation	Xanthine Oxidase
Acute gouty arthritis occurs after treatment with	Allopurinol
Deficient enzyme in gout	Phosphoribosyl Pyrophosphate synthetase
Gout is a disorder of	Purine metabolism
Gout is due to defect in	Renal Handling of Uric acid NOT due to overproduction. So Serum Uric acid level may be normal
Gout associated with	Psoriasis, polycythemia vera, hyperparathyroidism,
Gout	Severe joint pain, Small joints, Chondrocalcinosis, Can be precipitated by pyrazinamide
Gout	Renal disease involving interstitial tissues, Uric acid nephrolithiasis, Increase in serum urate concentration
Gout	Can lead to chronic arthritis, Negatively bifringent crystals are present, Febuxostat is used in treatment, Serum uric acid may be normal during attack
Gout	Increased metabolism of purines, Uric acid levels may NOT be elevated, Has predilection for the great toe
Swelling of great toe with shaggy surrounding tissue with overhanging edges with punched out lesion	Gouty arthritis
Podagra	*Goat in metatarsophalyngeal joint*
Severe pain and swelling in great toe	Colchicines cause gastrointestinal disturbance, High serum uric acid level may not be present, Joint fluid aspiration is done for investigation
Tophi	Gout
Tophi of gout is found in	Articular cartilage, synovium, skin, joint capsule
Severe pain, swelling and redness in left big toe in early morning	Gouty arthritis
Martel/G Sign	Gout, Punched out Cyst/Deep erosions with overhanging bony edges
Gouty arthritis has negative association with	Hip joint
Development of arthritis correlate with	Level of serum uric acid
MC Joint & earliest joint involved in Gout	Metatarsophalangeal Joint(1st MTP)
MC joint involved in gout	MP joint of big toe
NOT a cause of precipitation of acute attack of gout	Dietary excess
NOT true about Gout	Abrupt increase in serum urate levels is more common

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	cause for gout than an abrupt fall in urate levels, There is good correlation between level of uric acid and severity of gouty arthritis
NOT true about gout	Abrupt increase in serum uric acid levels is more common and cause of acute gout than an abrupt fall in urate levels
NOT true about gout	Deficiency of xanthine oxidase
NOT true about gout	Positive bifringent crystal
NOT true about gout	More common in premenopausal females
Periosteal reaction NOT common in	Gout
NOT a feature of gout	Congestive heart failure
False regarding gout	Due to increased metabolism of pyrimidines
Gout does NOT involve	Muscle
NOT a feature of Gout	Positive Bifringent Crystals

DIAGNOSIS OF GOUT

Diagnosis of gout is best established by	Intracellular uric acid crystals
In a patient with gouty arthritis, synovial fluid aspiration will show	Monosodium urate
Best investigation to detect gouty arthritis	Urate crystal in synovial fluid
Characteristic X ray feature of Gouty arthritis	Erosion of joint
Specific test for gout	Raised uric acid level in synovial fluid of joint

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MANAGEMENT OF GOUT

Treatment of hyperuricemia	**Allopurinol**
Pegloticase	**Urate lowering agent**
Drug useful for gout	Allopurinol
Allopurinol specifically inhibit	Xanthine oxidase
Allopurinol inhibits	*Xanthine oxidase, urinate phosphoribosyl transferase*
Allopurinol potentiates action of	6-Mercaptopurine
Drug dosage to be decreased with concomitant administration of allopurinol	6-Mercaptopurine
Allopurinol potentiates action of	Azathioprine
Drug of choice in overproducers of uric acid	Allopurinol
Allopurinol prevents conversion of	Hypoxanthine to xanthine, Xanthine to uric acid
Xanthine oxidase inhibitor	Allopurinol
Side effect of allopurinol	*Drug related eosinophilia and systemic symptoms (DRESS)*
Probenecid interacts with	Ampicillin
Increases uric acid excretion	Probenecid
Probenecid decreases urinary excretion of	Cefazolin, Cefotaxime, Cefutoxime
Probenecid does NOT decrease renal excretion of	Cephaloridine
Useful in acute attack of gout	Piroxicam
Treatment of NSAID resistant Acute Gout	Steroids
NOT used in acute attack of Gout	Allopurinol

Treatment of Chronic Gout	Allopurinol
Drug contraindicated in gout	Aspirin
Drugs having mild uricosuric action	*Amlodipine, losartan, fenofibrate*

PSEUDOGOUT

Soft tissue calcification around knee	Pseudogout
Chondrocalcinosis, Calcification of menisceal cartilage, Calcification around joint	Pseudogout
Calcification of menisci	Pseudogout
Characteristic crystals in pseudogout	Calcium pyrophosphate
MC Joint involved in Pseudogout	Knee
Differentiate gout with pseudogout	Bifringent crystals
NOT seen in pseudogout	Small joints are affected
A lady presents with right knee swelling. Aspiration was done in which CPPD crystals were obtained. Next best investigation	TSH

RAYNAUD PHENOMENON

Raynaud's disease may be due to	**Bleomycin, vinblastine**
Raynaud disease	More common in females, common cause of Raynaud phenomenon, has good prognosis
Raynaud's disease	More common in female, Associated with migraine
Raynaud's disease is commonly seen in	Upper limb of females
Raynaud phenomenon is seen in	Subclavian artery atherosclerosis, cervical rib, raynaud's disease, buerger's disease
Patient with Raynaud's disease immersed hand in cold water, hand will	Turn white
Least sensitive in Secondary Raynaud's	Thumb
NOT true about Raynaud phenomenon	Atherosclerosis of vessels
NOT true about Raynaud phenomenon	Positive antinuclear antibody
Treatment of Raynaud phenomenon	**Nifedipine**

AMYLOIDOSIS

FEATURES OF AMYLOIDOSIS

Randomly oriented filaments describe	*Amyloid*
Amyloid is	Glycoprotein
Foot plate like attachment between lens and retina	*Amyloidosis*
MC amyloid deposits are seen in	Kidney
Shoulder pad sign	**Amyloidosis**

Pupillary change in herediatary amyloid syndrome	**Bilateral scalloped pupil**
Classical clotting factor deficiency in amyloidosis	**X**
Amyloidosis can complicate	Bronchiectasis, Lung abscess, Fibrocaseous tuberculosis
Primary Amyloidosis (Multiple Myeloma/B-Cell Neoplasm)	AL
AL amyloidosis is associated with	**Periorbital ecchymosis, finger nail dystrophy, macroglossia**
Most Specific feature of AL type of amyloidosis	Macroglossia
Bone marrow in AL amyloidosis show	Bone marrow plasmocytosis
AL amyloidosis is associated with	**Ig kappa monoclonal protein in electrophoresis**
MC organ associated with Primary Amyloidosis	Heart
MC cause of death in patient with primary amyloidosis	Cardiac involvement
Pinch Purpura	Primary Systemic Amyloidosis
Secondary Amyloidosis (MC – Rheumatoid arthritis)	AA
MC organ involved in Secondary Amyloidosis	Kidney
Secondary Amyloidosis	Rheumatoid arthritis, tuberculosis, Hodgkin's Lymphoma
Amyloid deposition in Rheumatoid arthritis is derived from	*Serum amyloid protein A*
Secondary amyloidosis complicates	Chronic osteomyelitis
Secondary amyloidosis NOT associated with	Syphilis
Amyloid like substance is maximally present in	Medullary carcinoma
Serum amyloid associated protein is seen in	Chronic inflammatory state
Renal amyloidosis commonly presents with	Mild proteinuria
Transthyretin mediated Amyloidosis	Familial Amyloidotic Neuropathy, Senile Systemic Cardiac amyloidosis
Senile cardiac amyloidosis is due to deposition of	Transthyretin
Diabetic patient is undergoing amyloidosis, aspiration around knee joint show	Beta2microglobulin
Amyloidosis in long term hemodialysis due to	β2-microglobulin
Tumour forming amyloid is seen in	Tongue
Amyloidosis of tongue is seen in	Malignancy
Lardaceous spleen is due to deposition of amyloid in	Sinusoids of red pulp
Restrictive heart disease, right ventricular endomyocardial biopsy revealed deposition of extracellular eosinophilic hyaline material. on transmission electron microscopy, material is most likely to reveal	Non branching filaments of indefinite length
Patient diagnosed with bronchiectasis 5 years ago, presents with edema on legs and proteinuria	Amyloid nephropathy
Mesangial deposit of monoclonal kappa and lambda chain indicative of	Amyloidosis
Least common site in Amyloidosis	Peripheral nerve
NOT true about amyloidosis	Calcified protein

DIAGNOSIS OF AMYLOIDOSIS

Congo red stained amyloid in ordinary light	Pink or red color
Congo red stained amyloid in polarizing light	Green birefringence of stained amyloid is observed
Light microscopy features of amyloid	Amyloid appears as an amorphous eosinophilic hyaline

	extracellular substance with progressive accumulation encroaches on and produces pressure atrophy of adjacent cells
Electron microscopic finding of amyloid	Non branching fibrils
On electron microscopy amyloid characteristically exhibits	7.5 to 10 mm fibrils
X ray Crystallographic finding of amyloid	Cross β–pleated sheet conformation
Beta pleated sheats in amyloidosis in	X ray crystallography
Amyloid	Congo red with polarized light
Stain specific for amyloid	Congo red
On congo red staining, amyloid is seen as	Brilliant pink colour
Amyloid deposits stain positive with	Congo red, Crystal violet, Thioflavin T
Gingival biopsy is useful in diagnosis of	Amyloidosis
Best method for confirming amyloidosis	Rectal biopsy
MC site of biopsy in amyloidosis	Kidney
Treatment of AL amyloid	**Iododoxorubicin**

SERONEGATIVE ARTHRITIS

FEATURES OF SERONEGATIVE ARTHRITIS

Seronegative spondyloarthritis	Asymmetric oligoarthritis, Enthesitis, Extraarticular features
Treatment of choice for seronegative spondyloarthritis	Indomethacin
Flowing wax appearance	**Diffuse idiopathic skeletal hyperostosis**
Spondyloarthropathy	**New York classification**
Prognosis of spondyloarthropathy	**BADSAI**
SAPHO syndrome	**Synovitis, acne, pustulosis, hyperostosis, osteitis**
Culture of bone biopsy in SAPHO syndrome shows	**Propionibacterium acne**

ANKYLOSING SPONDYLITIS

Ankylosing spondylitis is also known as	**Marie Strumpell disease**
Bamboo spine	Ankylosing spondylitis
Ankylosing Spondylitis	Bamboo Spine, Enthesitis, Sacroilitis, Syndesmophyte. Squarring of Vertebra
65 year old man, back pain 3 months.ESR is raised. Marked stiffness and mild restriction of chest movements. syndesmophytes present in vertebra	Ankylosing spondylitis
65 year man, history of back pain since 3 months. ESR is raised. Marked stiffness on examination and mild restriction of chest movements. Syndesmophyte in vertebra	Ankylosing spondylitis
A patient with neck pain reduced chest expansion	Ankylosing Spondylitis
Ankylosing spondylitis	Sacrolilitis is common, Iritis ,Peripheral joint is rarely involved
Enthesopathy is commonly found in	Ankylosing spondylitis

Most characteristic lung manifestation of ankylosing spondylitis	*Apicobullous fibrocavitatory lesions*
MC Joint involved in Ankylosing Spondylitis	Sacroiliac Joint
Commonly affected in ankylosing spondylitis	Shoulder
Ankylosing spondylitis least likely involved in	Elbow and wrist
Least common joint to be involved in ankylosing spondylitis	TM joint
MC Extraarticular manifestation of Ankylosing Spondylitis	Anterior Uveitis
Ankylosing spondylitis is associated with	HLA B27
Positivity of HLA B27 in ankylosing spondylitis	96%
FALSE statement about Ankylosing Spondylitis	90% individuals are HLA-B5 positive
NOT true about ankylosing spondylitis	Pain is relieved in lying down position, More common in females
Schober Test	Done in Ankylosing Spondylitis, Measures flexion of Lumbar spine
Schober sign	Flexion of lumbar spine
Earliest investigation in diagnosis of ankylosing spondylitis	MRI STIR sequence
Pseudowidening of joint is associated with	**Ankylosing spondylitis**
Earliest X ray feature of ankylosing spondylitis	Sacroliliac joint erosion
Treatment of choice in ankylosing spondylitis	Phenylbutazone

REITER'S SYNDROME

Reactive arthritis	HLA B27 and HIV affects severity, dactylitis and enthesitis, asymmetrical sacroilitis, oncholysis and hyperkeratosis of nails
Patrick test for	*Sacroilitis*
Reactive arthritis is precipitated by	Salmonella, Shigella, Campylobacter
Reactive arthritis is associated with	**Shigella flexneri**
MC organ associated with reactive arthritis	Chlamydia
Person suffers from B27 associated reactive arthritis, urethritis, conjunctivitis	Ureaplasma urealyticum
Foreign body sensation in eye, swollen knee joint after leisure trip	Reiter disease
Urethral discharge, joint pain, eye lesion	Reiter syndrome
Keratoderma blenorrhagicum seen in	Reiter syndrome
Keratoderma blenorrhagica is typically seen in	Reactive arthritis
Features of post streptococcal reactive arthritis	*Small symmetric joint, short latent period following steep infection*
NOT a primary skin disease	Reiter syndrome
NOT included in triad of Reiter's syndrome	Subcutaneous nodules
Kidney is NOT involved in	Reiter's disease
NOT true about Reiter's disease	Interstitial lung disease

RELAPSING POLYCHONDRITIS

MC manifestation of relapsing polychondritis	**Auricular chondritis**
Relapsing polychondritis is associated with	**Saddle nose**
Earliest finding in relapsing polychondritis	**Loss of basophilic staining indicating depletion of proteoglycan**
Relapsing polychondritis	**Anti matrilin I antibodies (antibodies to type II collagen)**
Treatment of relapsing polychondritis	**Prednisone**
MAGIC syndrome	**Features of Behcet's syndrome and relapsing polychondritis, mouth and genital ulcers with inflamed cartilage**

NEUROPATHIC JOINT

CAUSES OF NEUROPATHIC JOINT

MC cause of neuropathic joint	Diabetes
Neuropathic joint of foot and ankle is commonly due to	Diabetes, Hansen's disease
Charcot joint is associated with	Diabetes, Leprosy, Syringomyelia, Tabes dorsalis, Amyloidosis
Neuropathic joint is associated with	Syringomyelia, Tabes dorsalis, Leprosy
NOT a cause of Charcot (neuropathic) joint	Hysterical joint
Charcot disease does NOT include	Arthrogryposis multiplex congenital

FEATURES OF NEUROPATHIC JOINT

MC Charcot's joints involved in diabetes mellitus are those of	Foot
60 year old man with diabetes mellitus presents with painless swollen right ankle joint. radiograph of ankle show destroyed joint with large number of loose bodies	Charcot's joint
Charcot joint in diabetes	Limitation of movements, Arthrodesis, Arthrocentesis
Feature of Charcot joint	Copious effusion in joint, Hypermobility of joint, Osteophyte formation
In patient with tabes dorsalis, Charcot joint occurs most commonly at	Knee
Joint commonly involved in syphilitic arthritis	Knee
NOT a feature of Charcot joint	Painful limitation of joint movements
NOT true about Charcot joint in diabetes	Total ankle replacement
Least affected by neuropathy	Shoulder

VASCULITIS

GENERAL FEATURES OF VASCULITIS

Infection resembling vasculitis	**Rickettsiae**

Vasculitis is seen in	Buerger disease, HSP, Reiter disease, Behcet syndrome
Onion skin lesion is seen in	Hyperplastic vasculitis
Livido reticularis is a feature of	Cold exposure, Vasculitis
Atrophie blanche en plaque	**Primary livide reticularis with ulceration**
Sneddon syndrome	**Ischemic stroke with livido reticularis**
Pernio is also known as	**Chilblain**
Hypersensitive vasculitis commonly seen in	Post capillary venules
CRP is increased	Rheumatoid arthritis, rheumatic fever, systemic vasculitis
Types of ANCA antibodies	**Anti MPO, anti proteinase 3**
Major target of pANCA	Myeloperoxidase
pANCA against	Myeloperoxidase
C ANCA positivity indicates antibody formed against	Proteinase 3
cANCA	Wegener Granulomatosis
pANCA is characteristic for	Microscopic polyangitis
pANCA	Churg Strauss Syndrome, Microscopic Polyangitis, Goodpasture Syndrome, Polyarteritis Nodosa, Crescentric, Glomerulonephritis, Ulcerative Colitis, Primary Sclerosing Cholangitis, Drugs (Hydralazine,Propylthiouracil)
NOT associated with ANCA	Takayasu arteritis
ANCA is most sensitive and specific for	Idiopathic crescentic glomerulonephritis
Antimyeloperoxidase antibodies	Idiopathic crescentic glomerulonephritis
Large vessel vasculitis	Temporal arteritis, Takayasu arteritis
Medium vessel vasculitis	PAN, Kawasaki disease
Non palpable purpura	Drug induced vasculitis, ITP, amyloid
Palpable purpura	HSP, Wegener's granulomatosis, serum sickness
Toxic oil syndrome is associated with	**Rapseed oil**
Toxic oil syndrome is associated with	**Contaminated L tryptophan**

WEGENER'S GRANULOMATOSIS

Wegener's granulomatosis	**Common in patient with alpha 1 antitrypsin deficiency**
Granulomatous erosion of facial skin	Wegener's granulomatosis
18 year old boy, digital gangrene in 3rd and 4th fingers for last 2 weeks, on examination blood pressure 170/110 mm Hg. all peripheral pulses were palpable. blood and urine examination unremarkable. ANA, ANCA, anti dsDNA negative	Wegener's granulomatosis
54 year, smoker, fever, hemoptysis, weight loss, oligoarthritits, fleeting opacities in X ray	Wegener's granulomatosis
Feature of Wegener's Granulomatosis	Strawberry Gums
Classic triad of vasculitis involving upper respiratory tract, lower respiratory tract, lungs and kidney with granuloma	Wegener granulamatosis
Cavitating lesion in lung	Wegener granulamatosis
Lupus lupus is associated with	*Wegener granuamatosis*
MC organs involved in Wegener's granulomatis	Lung and kidney
Most common renal lesion in Wegener's	*Diffuse glomerulonephritis*

granulomatosis	
Renal pathology in Wegener's granulomatosis	Focal necrotizing glomerulonephritis, Crescentric glomerulonephritis
Characteristic finding in Wegener granulomatosis	Focal necrotizing glomerulonephritis
Characteristic of Wegener granulomatosis	Granuloma of vessel wall
Nasal ulceration + renal failure	Wegener granulomatis
Wegener granulomatosis does NOT affect	Liver
Eosinophilic Lymphadenitis is NOT seen in	Wegener's Granulomatosis
C ANCA raised in	Wegener's granulomatosis
Positive cANCA in Wegener's granulomatosis	*90%*
Wegener granulomatosis is associated with	Antiproteinase 3 ANCA
Antibodies in Wegener's Granulomatosis	Cytoplasmic
Treatment of Wegener granulomatosis	**Non severe – methotrexate, severe – cyclophosphamide, rituximab**

POLYARTERITIS NODOSA

Polyarteritis nodosa is preceded by history of	*Trauma*
Malena, normal renal function, hypertension, mononeuritic multiplex	Classical polyarteritis nodosa
Transmural inflammation with Fibrinoid necrosis	Polyarteritis Nodosa
MC cause of Mononeuritis Multiplex	Polyarteritis Nodosa
Renal disease manifesting as hypertension without RBC cast in urine	PAN
Microaneurysm in hepatic circulation	**PAN**
PAN may be associated with	Hypertension
Features distinguishing PAN from microscopic polyangitis	ANCA positivity, RBC cast in urine, HBV infection
PAN is associated with	*HbsAg in serum*
String of Beads is seen in	Polyarteritis Nodosa
Polyarteritis nodosa does NOT involve	*Pulmonary artery*
NOT true about PAN (ANCA negative)	Glomerulonephritis
NOT involved in PAN	Lung
PAN does NOT involve	Lung
Does NOT present with renal failure with eosinophilia	*PAN*
NOT associated with granulomatous pathology	Polyarteritis nodosa
Biopsy finding in PAN	Necrotizing arteritis

MICROSCOPIC POLYANGITIS

Feature of Microscopic polyangitis	Renal involvement in 80% of cases
Small vessel vasculitis	Microscopic polyangitis
Pauci immune glomerulonephritis is seen in	Microscopic polyangitis
Condition associated with pauci immune crescenteric	Microscopic polyangitis

glomerulonephritis	
Gangrene formation never occur in	*Microscopic polyangitis*
Granuloma is NOT a pathological feature of	Microscopic polyangitis

CHURG STRAUSS SYNDROME

Churg strauss syndrome	Extravascular granuloma, Asthma, Peripheral eosinophilia, Vasculitis of multiple organ system, Mononeuritis multiplex is common
Renal failure in Churg strauss syndrome	RARE
More frequent in Churg strauss syndrome in comparison to Wegener granulomatosis	Lower respiratory tract involvement

TEMPORAL ARTERITIS

MC type of vasculitis in adults	Temporal Arteritis
Severe headache, scalp tenderness	Temporal arteritis
MC presenting symptom in giant cell arteritis	Headache
Specific Symptom of Giant Cell Arteritis	Jaw Claudication
Features of Temporal arteritis	High ESR, anemia, polymyalgia rheumatica, sudden bilateral blindness, common in elderly females
Thick cord like structure on lateral side of neck	Temporal arteritiis
Elderly female fever, headache, diplopia, biopsy panerteritis	Temporal arteritis
Military retired man with clean habits develops headache which is more on lying down and relieves on getting up. massage in the neck region relieves the pain-diagnosis	Temporal arteritis
NOT true about temporal arteritis	Worsens on exposure to heat
Investigation of choice for diagnosis of giant cell arteritis	Temporal artery biopsy
Elastic tissue stain of biopsy is useful in	*Temporal arteritis*
A 56 year old man presents with unilateral headache, diplopia and fever. He had difficulty in chewing. MRI of brain was normal and ESR was raised. Treatment is	Prednisone
Treatment of giant cell arteritis	Prednisone

KAWASAKI DISEASE

Feature of Kawasaki disease	Associated with coronary artery aneurysm in up to 25% untreated cases
Mechanism of autoimmunity in Kawasaki disease	*Polyclonal T cell activation*
8 year boy, high grade fever, arthralgia, pruritic erythematous rash, lymphadenopathy, completed 8 day out of 10 days, cefaclor, initial suspection	Kawasaki disease

8 year boy, high grade fever, arthralgia, pruritic erythematous rash, lymphadenopathy, completed 8 day out of 10 days, cefaclor, most likely diagnosis	Serum sickness like illness
Kawasaki disease associated with	Erythema, posterior cervical lymphadenopathy, conjunctivitis. Good prognosis, Elevated ESR, Fever, Aneurysm of coronary artery, Peak incidence < 2 years
Features of Kawasaki syndrome	Strawberry tongue, Non Purulent Conjunctivitis, Pedal edema, Cervical lymphadenopathy
Infantile polyarteritis nodosa	Kawasaki disease
A child presents with irritability and strawberry tongue	Kawasaki disease
Typical finding in Kawasaki disease	*Desquamation of skin*
Kawasaki disease is associated with	*Thrombocytosis*
NOT a component of Kawasaki disease	Purulent conjunctivitis, thrombocytopenia
Vasculitis NOT seen in adults	Kawasaki disease
NOT a common cause of vasculitis in adults	Kawasaki disease
Kawasaki disease NOT associated with	Thrombocytopenia
NOT true about Kawasaki disease	Lymph node enlargement is seen
Palpable purpura is NOT seen in	*Giant cell vasculitis*
Treatment of Kawasaki disease	IV Immunoglobulin with aspirin
Treatment of Kawasaki disease in children	Iv immunoglobulins

TAKAYASU ARTERITIS

MC cause of renal artery stenosis with raised ESR in India	Takayasu arteritis
MC cause of renal artery stenosis in children in India	Takayasu aortoarteritis
Takayasu arteritis is also known as	**Aortic arch syndrome**
MC Vessel involved in Takayasu arteritis	Subclavian Artery
Bilateral Pulseless disease in Upper Limb	Takayasu Aortoarteritis
Aortic involvement is commonly seen in	Takayasu arteritis
21 year female, aortic arch aneurysm, resection biopsy, all three layers involved, giant cells present	Non specific aortoarteritis
Giant cells in histology	*Takayasu arteritis*
Treatment of Takayasu arteritis	**Glucocorticoids**
Treatment of refractory Takayasu arteritis	**Methotrexate**

FIBROMUSCULAR DYSPLASIA

MC type of fibromuscular dysplasia	**Medial fibroplasia**
String of beads or sausage appearance of renal artery is due to	Fibromuscular dysplasia
Beaded or pile of plates appearance involving internal carotid artery	Fibromuscular dysplasia

CRYOGLOBULINEMIA

Type I cryoglobulinemia	Hyperviscosity, Monoclonal IgM paraprotein, Normal complement levels
Type II/type III cryoglobulinema (mixed cryoglobulinemia)	Rheumatoid factor positive, Reduced complement levels
Meltzer triad	*Arthralgia, purpura, myalgia*

HENOCH SCHONLEIN PURPURA

MC cause of Vasculitis in Children	Henoch Schonlein Purpura
MC leukocytoclastic vaculitis affecting children	Henoch Schonlein purpura
Anaphylactoid purpura	**Henoch Schonlein purpura**
IgA nephropathic deposit is associated with	Henoch Schonlein Purpura
Petechial rash in lower limbs and abdominal pain in child is suggestive of	Henoch Schonlein Purpura
Bilateral conductive deafness, palpable purpura on legs and hemoptysis, thin walled cavity in left lower zone in CXR	Henoch schonlein purpura
Features of Henoch schonlein purpura	Mesangial deposit of IgA, Hematuria resolves without treatment, self limiting arthralgia, excellent prognosis, purpura fulminans
Characteristic of HSP	Blood in stool
Features of Henoch schonlein purpura	Abdominal pain, Can lead to end stage renal disease, Palpable purpura, Intususception
HSP is characterized by deposition of	IgA
Palpable purpura seen in	Henoch schonlein purpura
ANCA NOT associated with	Henoch Schonlein Purpura
ANCA is NOT seen in	Henoch Schonlein Purpura
Henoch Schonlein purpura is NOT characterized by	Thrombocytopenia

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BECHCET' S SYNDROME

Behcet's syndrome	**Vasculitis of vasa vasorum**
Recurrent orogenital ulceration with arthritis	Behcet's syndrome
Behcet's syndrome	Recurrent aphthous stomatitis, multisystem involvement, common in youngsters
Recurrent bilateral hypopyon associated with thrombophlebitis	Behcet's syndrome
Recurrent hypopyon uveitis	Behcet's syndrome
Behcet's Syndrome	Painful Non Scarring Oral Ulcer
Lipschutz ulcer is seen in	Behcet's syndrome
Behcet syndrome	Worldwide distribution, Common in youngsters, Erythema nodosum, Oral and genital ulcer, Thrombophlebitis
Multiple small aneurysms on aortography	*Behcet's syndrome*
NOT a feature of Behcet's syndrome	Myocarditis
Does NOT cause Joint deformity	Behcet's syndrome
Deforming polyarthritis NOT associated with	Behcet's syndrome
Pathergy test is positive in	Behcet's disease

CONNECTIVE TISSUE DISORDERS

Behcet's syndrome is associated with	Anti saccharomyces cervicea
Antibodies against alpha enolase of endothelial cells	*Behcet's syndrome*

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